

**908 KAR 1:370. Licensing procedures and standards for persons and agencies operating nonmedical - and nonhospital- based alcohol and other drug abuse treatment programs.**

RELATES TO: KRS 222.003(1), 222.005, 222.231, 222.990

STATUTORY AUTHORITY: KRS 194A.050, 222.231, EO 2004-726

NECESSITY, FUNCTION AND CONFORMITY: EO 2004-726, effective July 9, 2004, reorganized the Cabinet for Health Services and Family and placed the Department for Behavioral Health, Developmental and Intellectual Disabilities within the cabinet. KRS 194A.050 and 222.231 require the cabinet to establish requirements and standards for licensing a person or an agency and approving nonmedical and nonhospital based alcohol and other drug abuse treatment programs. KRS 194A.050 places the Behavioral Health, Developmental and Intellectual Disabilities Services and its programs under the Cabinet for Health and Family Services. This administrative regulation establishes licensure requirements which establish minimum standards for a person or an agency operating a nonmedical or nonhospital based alcohol and other drug abuse detoxification, residential, residential transitional living, outpatient, or intensive outpatient program.

Section 1. Definitions. (1) "Accredited college or university" means an institution listed in the most recent college handbook published by the College Board.

(2) "Agency" is defined in KRS 222.005(2).

(3) "Alcohol and other drug abuse" is defined in KRS 222.005(12).

(4) "AODE" means a nonmedical and nonhospital based alcohol and other drug abuse treatment entity owned by an individual or agency which operates one (1) or more of the following programs: detoxification, residential, family residential, residential transitional living, outpatient, or intensive outpatient.

(5) "Cabinet" is defined in KRS 222.005(3) and means the Office of Inspector General, Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40621.

(6) "Case management" means an activity which brings services, agencies, resources, or people together to take actions toward the achievement of a client's goals.

(7) "Client" means an individual who receives treatment services in a licensed AODE.

(8) "Client record" means a file containing documentation of client services and other client data.

(9) "Clinical services supervisor" means an individual responsible for monitoring and directing assessment and treatment services and providing consultation and instruction to clinical staff.

(10) "Clinician" means an individual who conducts clinical assessments, is responsible for developing a client's treatment plan, leads counseling sessions and provides case management.

(11) "Counseling" means a relationship where a clinical staff person helps a client mobilize resources to resolve problems and modify attitudes and behavior.

(12) "Daily living skills" means budgeting, meal planning, shopping, personal hygiene, housekeeping and using public transportation.

(13) "Detoxification program" means a supervised nonmedical withdrawal from an alcohol or other drug induced intoxication and an assessment of a client's need for further care resulting in referrals to appropriate resources.

(14) "Facility" means the physical area where a treatment program is operated by an AODE.

(15) "Family residential program" means an organized intensive set of therapeutic activities provided in an environment where the client resides twenty-four (24) hours a day with the client's children.

(16) "Federally-assisted" means a program that meets the requirements established in 42 CFR 2.12(b).

(17) "Governing authority" means the person or agency in which the ultimate responsibility and authority for the operation of the AODE is vested.

(18) "Immediate danger" means a condition in the program which could or has caused death or serious physical injury.

(19) "Intake" means an administrative and initial assessment procedure completed at the time of a client's admission to a program.

(20) "Intensive outpatient program" means a structured comprehensive program of individual and group therapeutic activities delivered in a nonresidential setting, where a client is assisted in recovery from alcohol or other drug abuse on a scheduled and intense basis.

(21) "Mental status screening" means a screening of a client's current mental condition including the identification of an abnormality in behavior, affect, thought, memory, orientation, and contact with reality.

(22) "Outpatient program" means individual and group therapeutic activities, assisting a client in recovery from alcohol or other drug abuse, provided in a nonresidential setting on a scheduled and unscheduled basis.

(23) "Program" is defined in KRS 222.005(10).

(24) "Recovery" means rehabilitation from alcohol or other drug abuse.

(25) "Registered dietitian" means an individual registered with the American Dietetic Association.

(26) "Residential transitional living program" means a therapeutic group setting, where counseling is provided either on site by staff or off site, and where a client resides twenty-four (24) hours a day, and makes a social and vocational adjustment prior to returning to family or independent living in the community.

(27) "Residential treatment program" means a set of organized and intensive individual and group therapeutic activities, provided in a twenty-four (24) hour setting, which assists a client in recovering from alcohol or other drug abuse.

(28) "Self-help group" means activities provided in a self-directed peer group setting, for a person recovering from alcohol or other drug abuse or the effects of another person's alcohol or other drug abuse, where support and direction in achieving or maintaining an alcohol and drug free life style or in learning to cope with a problem related to another person's alcohol or other drug abuse is provided.

(29) "Service" means a therapeutic activity provided in a program to meet a client's rehabilitation needs as they relate to the use of alcohol or other drugs.

(30) "Treatment" is defined in KRS 222.005(13).

(31) "Withdrawal" means the physiological readjustment of the body after an individual stops using alcohol or other drugs.

Section 2. Licensing Requirements. (1)(a) An AODE shall obtain a license from the cabinet before operating a program unless exempted under KRS 222.003(1) or 222.231(1).

(b) An AODE shall be issued:

1. One (1) license which shall apply to all facilities operated by the AODE where an outpatient or an intensive outpatient program is provided; and

2. A separate license for each facility where a twenty-four (24) hour program is operated.

(c) An AODE operating without a license, unless otherwise exempted, shall be subject to the penalties established in KRS 222.990(2).

(d) For a period of one (1) year following the effective date of this administrative regulation, an entity operating a nonmedical alcohol or other drug abuse treatment program under the authority of 908 KAR 1:010 through 908 KAR 1:260 or 902 KAR 20:091 may continue to operate the program until licensing as an AODE can be attained.

(2) If more than one (1) AODE operates at the same location, each AODE shall maintain a separate organizational identity by:

(a) Conspicuously posting a sign in a public area showing the name of the AODE;

- (b) Utilizing a separate logo or letterhead on written materials;
- (c) Maintaining client records in a separate and secure cabinet; and
- (d) Conducting treatment services separate from another AODE located at the same location.

(3) The license shall:

(a) Be conspicuously posted in:

- 1. A public area of the AODE's administrative office; and
- 2. Each facility where a twenty-four (24) hour program is operated; and

(b) Specify the date the license expires.

(4) The cabinet shall make available to the public upon request a list of licensed AODEs, showing the location of each facility and the type of program operated at each facility.

(5) Application for licensure or relicensure. An Application for Licensure to Operate an Alcohol or Drug Treatment Entity (AODE) shall be obtained from and submitted to the cabinet and shall include:

(a) The AODE name, owner and mailing address;

(b) Facility address, phone number, hours of operation for each facility where a program is operated and the location where client records are kept; and

(c) Type of programs to be operated at each facility.

(6) An application for licensure shall be accompanied by a fee of \$155 for each facility.

(7) An application for relicensure shall be accompanied by a fee of eighty (80) dollars for each facility.

(8) An application for licensure or relicensure shall be processed according to the following:

(a) The cabinet may conduct an unannounced on-site inspection of a facility;

(b) An AODE shall provide the cabinet access to each facility and to documents needed to complete an inspection during normal business hours;

(c) The cabinet shall notify an AODE in writing of the violation of a licensure standard identified during an inspection on Form L&R 18, Statement of Deficiencies and Plan of Correction; and

(d) An AODE shall, within ten (10) calendar days from receipt of the Form L&R 18, submit to the cabinet a written plan of correction on the Form L&R 18 specifying the corrective action to be taken and the date when each violation shall be corrected.

(9) The cabinet shall issue a license for a period of one (1) year to the owner of the AODE named in the application. The license shall be effective on the date approval is granted by the cabinet.

(10) Change in AODE status.

(a) Name change.

1. An AODE shall notify the cabinet in writing within ten (10) calendar days of the effective date of change.

2. An AODE shall submit a processing fee of twenty-five (25) dollars to the cabinet.

3. The cabinet shall issue a new license for the remainder of the licensure period unless the AODE is under investigation that may result in a negative licensure action pursuant to subsection (12) of this section.

(b) Change of location. An AODE shall not change the location where a program is operated until an Application for Licensure to Operate an Alcohol or Drug Treatment (AODE) accompanied by a fee of eighty (80) dollars is filed with the cabinet.

(c) Change of ownership. The new owner of an AODE shall submit to the cabinet an Application for Licensure to Operate an Alcohol or Drug Treatment Entity (AODE) accompanied by a fee of \$155 for each facility within ten (10) calendar days of the effective date of change.

(d) Discontinuing a program. An AODE shall notify the cabinet in writing within ten (10) calendar days of the effective date of change.

(11) Denial of a license. If an AODE fails to meet the requirements of this administrative regulation, the cabinet may deny the application for licensure or relicensure.

(12) Negative licensure actions.

(a) Complaints. If a complaint is received by the cabinet, the cabinet may conduct an unannounced on-site inspection to determine if a violation of a licensure standard has occurred. An inspection shall be conducted in accordance with subsection (8)(b), (c) and (d) of this section.

(b) Revocation of a license. If an AODE fails to meet the requirements of this administrative regulation, the cabinet may revoke a license.

(c) Immediate revocation of a license. The cabinet shall immediately revoke a license in the case of immediate danger.

Section 3. Appeals. (1) If the cabinet takes action to deny, revoke or immediately revoke an AODE license, the cabinet shall notify an AODE in writing stating a reason for the adverse action and the AODE's right to appeal in accordance with KRS 222.231(6) and (7).

(2) An AODE may appeal a negative action by the cabinet in writing to the Secretary, Cabinet for Health and Family Services, 4th Floor, 275 East Main Street, Frankfort, Kentucky 40621, within thirty (30) calendar days from the date of the notice of action from the cabinet.

(3) Upon receipt of an appeal, the secretary, or designee, shall notify the AODE in writing within fifteen (15) calendar days of the time and place of the hearing. The secretary, or designee, shall appoint a hearing officer to conduct the hearing in accordance with KRS Chapter 13B.

(4) Based upon the record and upon the information obtained at the hearing, a hearing officer shall make a recommendation to the secretary to affirm or overturn the initial decision of a negative action. The final decision shall be issued by the secretary in accordance with KRS 222.231(7).

(5) Immediate revocation. If an AODE's license is immediately revoked pursuant to Section 2(12)(c) of this administrative regulation, and the AODE requests a hearing, the cabinet shall conduct a hearing within five (5) working days of the cabinet's receipt of a request from the AODE. A hearing shall be continued at the request of an AODE.

(a) The sole issue of the hearing shall be whether there is immediate danger.

(b) The cabinet shall render a decision within five (5) working days of the hearing. If the decision overturns the negative action, an AODE shall have its license returned and be allowed to operate and continue the appeals process in accordance with subsections (1), (2), (3), and (4) of this section.

(c) If the cabinet determines there was immediate danger, the action by the cabinet to immediately revoke the AODE's license shall be upheld pending action by the cabinet to accept a plan of correction or to permanently revoke the license.

(6) An AODE that continues to operate after a closing date established by the secretary, or designee, shall be subject to legal action by the cabinet pursuant to KRS 222.990(2).

Section 4. Physical Plant. (1) An AODE shall ensure that a facility is in compliance with building, fire, safety, and health standards specified by federal, state and local laws and regulations.

(2) An AODE shall have a policy to ensure the following requirements are met in a non-twenty-four (24) hour program:

(a) A facility, including the equipment, shall be kept in good repair, neat, clean, free from all accumulations of dirt and rubbish and free from foul, stale and musty odors;

(b) A facility shall be kept free from insects and rodents with their harborages eliminated;

(c) A counseling session shall be conducted in an area where a client is ensured privacy and confidentiality; and

(d) State Fire Marshal approval of a facility shall be obtained at the time of application for initial licensure or if a program changes location. If a program is located in a public building, which receives a regular inspection from the State Fire Marshal, the AODE may submit a copy of the most recent inspection by the State Fire Marshal at the time of application for initial licensure or if a

program changes location.

(3) In addition to the standards in subsection (1) of this section, an AODE operating a treatment program which provides twenty-four (24) hour care shall meet the following additional requirements:

(a) Including the square feet available within the entire facility, there shall be at least 120 square feet of space for each client residing in the facility;

(b) There shall be at least one (1) toilet and one (1) sink per eight (8) clients, and at least one (1) shower or tub per fifteen (15) clients;

(c) There shall be a bed with clean bedding which includes sheets, pillowcase, blanket, and a pillow for each client;

(d) There shall be adequate lighting, heating, heated water and ventilation;

(e) There shall be space for a client to store personal belongings, including a receptacle where personal property may be stored and locked;

(f) There shall be an area provided for the following:

1. Sleeping;
2. Dining;
3. Bathing and toileting;
4. Lounge;
5. Laundry;
6. Visiting;
7. Private consultation; and
8. Telephone;

(g) State Fire Marshal approval of a facility shall be obtained at the time of application for licensure, relicensure or if a program changes location;

(h) A facility, including the equipment, shall be kept in good repair, neat, clean, free from all accumulations of dirt and rubbish and free from foul, stale and musty odors;

(i) A facility shall be kept free from insects and rodents with their harborages eliminated; and

(j) A counseling session shall be conducted in an area where a client is ensured privacy and confidentiality.

Section 5. Organization and Administration. (1) There shall be a governing authority with overall responsibility for the management and operation of an AODE.

(2) A governing authority shall:

(a) Be responsible for the direction of an AODE by establishing written policies and procedures for the operation of the AODE;

(b) Develop a mission statement outlining an AODE's purpose;

(c) Identify an administrator who shall be principally responsible for the day-to-day operation of an AODE;

(d)1. Develop a policy to establish a fee schedule;

2. Conspicuously post the fee schedule in a public area of each facility;

3. Abide by the fee schedule;

4. Maintain financial records regarding the assessment and payment of client fees; and

5. Provide a receipt for all client services delivered;

(e) Ensure that an AODE's policies and procedures are available to all personnel and a copy is maintained at the AODE's administrative office; and

(f) Document that an AODE's policies and procedures are reviewed every two (2) years and revised as needed.

Section 6. Personnel Policies. (1) An AODE shall develop written policies and procedures governing personnel and employment practices.

(2) There shall be a written job description for each position stating qualifications, duties, and reporting supervisor.

(3) There shall be evidence that all personnel are qualified for their position through documentation of education, work experience, and professional licensure, certification or registration.

(4) An individual who has had a criminal conviction for the neglect, physical abuse, sexual abuse or sexual exploitation of a child or for endangering the welfare of a child shall not be allowed to work with a juvenile client.

(5) A separate personnel record shall be maintained at the AODE's administrative office for each individual working in the AODE and shall contain:

(a) Job description;

(b) Documentation of education, work experience, and any professional licensure, certification or registration required for performance of the assigned job duties;

(c) Documentation of each training completed by the individual, to include the topic, length, and date of the training; and

(d) Documentation of the annual performance evaluation.

(6) There shall be written policies and procedures governing the duties and supervision of volunteers and student interns in the AODE.

Section 7. Quality Assurance. (1) An AODE shall have written policies and procedures to ensure that quality services are delivered and that the health and safety of the client population is protected while receiving a service.

(2) The policies and procedures shall establish a system of utilization review which includes:

(a) The quality of services shall be evaluated by a utilization review team composed of a representative sample of the clinical staff responsible for providing services;

(b) The utilization review shall assess the appropriateness and clinical necessity of client admissions as well as the accuracy, completeness and appropriateness of treatment plans and discharge;

(c) The utilization review shall evaluate a sample of client cases at regularly scheduled intervals; and

(d) A written record of the utilization review identifying inappropriate patterns of service and the recommended action for correcting a problem shall be submitted to the individual in the AODE with overall responsibility for the program's treatment services.

(3) The policies and procedures shall establish a system for responding to an accident or injury at a facility that requires hospitalization or results in death, or an incident at a facility involving fire damage, natural disaster or a threat to security that substantially interrupts the delivery of services, which includes:

(a) Documenting an incident or accident in an incident file which shall be maintained at an AODE's administrative office; and

(b) Reporting an incident or accident to the individual who is responsible for the day-to-day operation of an AODE and to the Cabinet for Health and Family Services according to the following:

1. An incident of child abuse or neglect in accordance with KRS 620.030; and

2. An incident of adult abuse or neglect in accordance with KRS 209.030.

(4) The policies and procedures for a twenty-four (24) hour program shall establish an infection control system which includes orientation for all new personnel and annual in-service training for all personnel on proper hygiene related to infections prevalent among alcohol and other drug abusers.

(5) The policies and procedures shall establish an emergency plan for responding to a disaster at the facility, including fire and severe weather, which includes:

(a) An emergency plan shall be conspicuously posted in a public area of each facility;

- (b) A copy of the emergency plan shall be provided to all personnel;
- (c) An AODE shall provide training for all personnel on how to report a fire, extinguish a small fire, and evacuate a building; and
- (d) An AODE shall conduct a fire drill in accordance with 815 KAR 10:060.
- (6) The policies and procedures shall establish a system to effectively respond to the problems associated with domestic violence among clients served in the AODE to include the following:
  - (a) Training for clinical staff on the dynamics of domestic violence, its effect on adult and child victims, legal remedies for protection, safety and risk issues, available community services and victim services, and applicable reporting requirements;
  - (b) A client with a history of domestic violence shall be assessed as to their current safety risks; and
  - (c) Mechanisms for reducing safety risks to the client with a history of domestic violence, staff and other clients.

Section 8. Clinical Staff Requirements. (1) An AODE shall ensure that all personnel receive on-going training and supervision which enables them to carry out their job duties. The training and supervision shall be documented.

(a) A clinician shall complete a minimum of twenty (20) hours of training in alcohol and other drug abuse counseling annually.

(b) A clinical services supervisor shall complete twelve (12) hours of specialized training in clinical supervision, and a clinician who provides case management shall complete twelve (12) hours of specialized training in case management, within one (1) year from the effective date of this administrative regulation or within six (6) months from the date of assuming responsibility for that function, whichever is later.

(2) An AODE shall designate a clinical services supervisor, who shall provide supervision at one (1) or more facilities and who has overall responsibility for treatment services in a detoxification, residential, residential transitional living pursuant to Section 13(1) and (2) of this administrative regulation, outpatient or intensive outpatient program.

(a) Except as provided in paragraph (c) of this subsection, the clinical services supervisor shall be:

1. A certified alcohol and drug counselor certified pursuant to KRS 309.080 to 309.089, who has 4000 hours of clinical work experience post certification; or

2. An individual who is licensed or certified as one (1) of the following and who meets the requirements of paragraph (b) of this subsection:

a. Physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;

b. Psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;

c. Licensed psychologist licensed to practice psychology by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.050;

d. Certified psychologist with autonomous functioning certified to function without supervision, in an area specified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;

e. Certified psychologist with 6000 hours of postcertification practice certified by the Kentucky Board of Examiners of Psychology in accordance with the requirements and limitations established in KRS 319.056;

f. Psychological associate with 6000 hours of postcertification practice certified by the Kentucky Board of Examiners of Psychology in accordance with the requirements and limitations established in KRS 319.064;

g. Licensed clinical social worker licensed for the independent practice of clinical social work by the Kentucky Board of Social Work in accordance with KRS 335.100;

h. Certified social worker with 6000 hours of postcertification clinical practice in psychiatric social work licensed by the Kentucky Board of Social Work in accordance with KRS 335.080;

i. Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a masters degree in psychiatric nursing from an accredited college or university and 6000 hours of clinical experience in psychiatric nursing;

j. Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a bachelor's degree in nursing from an accredited college or university who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has 6000 hours of clinical experience in psychiatric nursing;

k. Licensed marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists in accordance with the provisions of KRS Chapter 335;

l. Certified professional counselor certified by the Kentucky Board of Certification for Professional Counselors in accordance with the provisions of KRS Chapter 335; or

m. Certified professional art therapist certified by the Kentucky Board of Certification for Professional Art Therapists in accordance with the provisions of KRS 309.130.

(b) A certified or licensed professional meeting the requirements established in paragraph (a)2 of this subsection shall have:

1. Completed eighty (80) hours of training in alcohol and other drug abuse counseling, within four (4) years immediately prior to the date of assuming responsibility as a clinician in the AODE or within two (2) years immediately after assuming responsibility as a clinician in the AODE; and

2. 4000 hours of work experience in the alcohol and other drug treatment field post degree.

(c) A person shall qualify as a clinical services supervisor under this administrative regulation if, on the effective date of this administrative regulation, the person:

1. Met the requirements for clinical services supervisor as established in 908 KAR 1:050 and 908 KAR 1:190;

2. Had been a clinical services supervisor for at least five (5) years; and

3. Was employed as a clinical services supervisor in a licensed nonmedical alcohol treatment and education (NATE) center program or drug abuse treatment and education (DATE) center program.

(3) An AODE shall establish a policy prohibiting a clinical services supervisor from supervising a spouse, child, stepchild, sibling, parent, stepparent, grandparent, grandchild, aunt, uncle, niece, nephew, or in-law of the clinical services supervisor.

(4) Clinicians.

(a) A clinician shall be:

1. A certified alcohol and drug counselor certified pursuant to KRS 309.080 to 309.089;

2. An individual who is licensed or certified as one (1) of the following and who meets the requirements of paragraph (b) of this subsection:

a. Physician licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties;

b. Psychiatrist licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.;



- c. Licensed psychologist licensed to practice psychology by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.050;
- d. Certified psychologist with autonomous functioning certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
- e. Certified psychologist certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.056;
- f. Psychological associate certified by the Kentucky Board of Examiners of Psychology in accordance with KRS 319.064;
- g. Licensed clinical social worker licensed for the independent practice of clinical social work by the Kentucky Board of Social Work in accordance with KRS 335.100;
- h. Certified social worker certified by the Kentucky Board of Social Work in accordance with KRS 335.080;
- i. Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with a masters degree in nursing from an accredited college or university;
- j. Registered nurse licensed by the Kentucky Board of Nursing in accordance with KRS Chapter 314 with one (1) of the following combinations of education and work experience:
  - (i) Bachelor of science in nursing from a four (4) year program from an accredited college or university and 2000 hours of clinical work experience in the substance abuse or mental health field;
  - (ii) Diploma graduate in nursing from a three (3) year program and 4000 hours of clinical work experience in the substance abuse or mental health field; or
  - (iii) Associate degree in nursing from a two (2) year program from an accredited college or university and 6000 hours of clinical work experience in the substance abuse or mental health field;
- k. Advanced registered nurse practitioner licensed by the Kentucky Board of Nursing in accordance with KRS 314.042;
- l. Licensed marriage and family therapist licensed by the Kentucky Board of Licensure of Marriage and Family Therapists in accordance with the provisions of KRS Chapter 335;
- m. Certified professional counselor certified by the Kentucky Board of Certification for Professional Counselors in accordance with the provisions of KRS Chapter 335; or
- n. Certified professional art therapist certified by the Kentucky Board of Certification for Professional Art Therapists in accordance with the provisions of KRS 309.130; or
- 3. An individual with a bachelors degree or greater in any field from an accredited college or university, working under the supervision of a clinical services supervisor in accordance with subsection (2) of this section, and who, under supervision:
  - a. Receives at least four (4) hours of face-to-face supervision monthly; and
  - b. Has all treatment plans cosigned by the clinical services supervisor.
- (b) A certified or licensed professional meeting the requirements established in paragraph (a)2 of this subsection shall have completed eighty (80) hours of training in alcohol and other drug abuse counseling, within four (4) years immediately prior to the date of assuming responsibility as a clinician in the AODE, or within two (2) years immediately after assuming responsibility as a clinician in the AODE.
- (5) A clinical services supervisor shall maintain documentation of each supervisory session for each clinician supervised which includes the date, length of the session and content of the supervision.
- (6) Staff working in a residential transitional living program, where counseling services are not provided on site, shall meet the credentialing and training requirements established in Section 13(3)(g) of this administrative regulation.

Section 9. Client Rights. (1) An AODE shall have written policies and procedures to ensure that

the rights of a client are protected while participating in a treatment program.

(2) An AODE shall have a policy requiring that a notice of client rights is conspicuously posted in a public area of each facility and shall include the address and telephone number of the AODE's and the cabinet's ombudsman. If there is only one (1) individual working in the AODE, a notice of client rights shall include the address and telephone number of the cabinet's ombudsman.

(3) A client shall not be unlawfully discriminated against in determining eligibility for a treatment program.

(4) During a program's intake procedures, a client shall sign a statement which specifies a client has the right to:

(a) Give informed consent to receive a service.

1. An adult shall sign an informed consent to receive a service.

2. A juvenile, or the parent or guardian of a juvenile, shall sign an informed consent for a juvenile to receive a service in accordance with KRS 222.441;

(b) Have input into treatment and case management plans and be informed of their content;

(c) Receive individualized treatment;

(d) File a grievance, recommendation or opinion regarding the services a client receives;

(e) Give informed written consent regarding participation in a research study with the exception of a juvenile whose parent or guardian shall give informed written consent;

(f) Confidentiality according to the following:

1. A federally-assisted AODE in accordance with 908 KAR 1:320; or

2. A nonfederally-assisted AODE in accordance with KRS 222.271(1);

(g) Request a written statement of the charge for a service and be informed of the policy for the assessment and payment of fees;

(h) Be informed of the rules of client conduct, including the consequences for the use of alcohol and other drugs or other infractions that may result in disciplinary action or discharge;

(i) Be treated with consideration, respect, and personal dignity;

(j) Review client record in accordance with AODE policy; and

(k) Receive one (1) free copy of client record in accordance with KRS 422.317.

(5) A program providing twenty-four (24) hour care shall also specify on the client rights statement that a client has the right to:

(a) Vote in a political election;

(b) Reasonable accommodations to afford privacy in bathing and toileting; and

(c) Privileges in accordance with KRS 222.271(2).

(6) If the client is restricted from exercising a client right because it is contraindicated by the client's physical or mental condition, there shall be documentation in the client record of the reason for the restriction and of the explanation given to the client.

Section 10. Program Operations. (1) AODE's policies and procedures shall include:

(a) A written description for each program including philosophy, mission statement, goals, objectives and staffing;

(b) Admission, readmission, discharge, and transfer criteria including the categories of individuals accepted and not accepted into a program; and

(c) Procedures for making a referral within or outside an AODE.

(2) An AODE which provides services to juveniles shall have written policies and procedures to ensure the following:

(a) Services and educational materials shall be age appropriate; and

(b) With the written consent of a juvenile, the family shall be involved in a juvenile's treatment to the extent possible and appropriate.

(3) An AODE shall have a uniform client record system for each program which shall include

the following requirements:

(a) A separate legible written or electronic record shall be established for each client and shall be:

1. Retained for five (5) years from the last date of service for an adult client age eighteen (18) and over;
2. Retained until age twenty-one (21) for a client who received a service under age eighteen (18), or for five (5) years from the last date of a service, whichever is longer;
3. Kept in a locked container accessible only to authorized personnel and maintained in a licensed AODE facility unless being transported to another licensed AODE facility; and
4. Kept confidential;

(b) A client record shall include the:

1. Application for admission including intake information;
2. Psychosocial, except in a detoxification program, or a residential transitional living program where counseling services are not provided on site;
3. Health status questionnaire or a copy of the record of a physical health examination;
4. Consent form, fee agreement, and client rights statement, each signed by the client;
5. Treatment plan, or in a detoxification program, a treatment plan or a standard treatment protocol;
6. Aftercare plan;
7. Progress notes;
8. Authorization for release of information signed by a client; and
9. Discharge summary;

(c) An entry in a client record shall include a signature and credential of the individual who delivered a service and the date the service was provided; and

(d) All information regarding a client's human immunodeficiency virus status shall be kept confidential in accordance with KRS 214.181 and 214.625.

(4) An AODE shall have written policies and procedures governing client grievances to include the following requirements:

- (a) Identification of an AODE ombudsman;
- (b) A process for filing a written client grievance;
- (c) An appeals process with time frames for filing and responding to a grievance in writing;
- (d) Protection for a client from interference, coercion, discrimination, or reprisal; and
- (e) Conspicuously posting in a public area of each facility grievance procedures informing a client of:

1. A right to file a grievance;
2. A process for filing a grievance; and
3. The address and telephone number of the AODE's and cabinet's ombudsman. In an AODE where only one (1) individual is working, the notice shall contain the address and telephone number of the cabinet's ombudsman.

(5) If alcohol or drug testing is conducted as part of assessment, treatment, or discharge, there shall be written policies and procedures outlining the screening process and the consequences for testing positive.

(6) An AODE shall have a written policy prohibiting the use of alcohol and illegal drugs by a client or visitors while in the program.

Section 11. Detoxification Program. In addition to the requirements established in Sections 1 through 10 of this administrative regulation, the following requirements shall be met in a detoxification program.

- (1) At admission, a client shall receive an assessment to determine if the client is intoxicated or in

withdrawal, the severity of the client's physical and mental condition, and a need for emergency medical care. The assessment shall be in accordance with an assessment protocol developed in consultation with a physician and documented in the client's record.

(2) Within twenty-four (24) hours of admission, the following information shall be obtained from a client and documented in the client record:

- (a) Client identifying and demographic information;
- (b) Emergency contact person;
- (c) Presenting problem;
- (d) History of alcohol and other drug use including problems and previous treatment related to the abuse of alcohol or other drugs;
- (e) History and previous treatment for a physical problem including delirium tremens, seizures, heart disease, liver disease, and infectious disease including tuberculosis, hepatitis, and human immunodeficiency virus;
- (f) History and previous treatment for a behavioral health problem, developmental and intellectual disability;
- (g) Assessment of pregnancy based on a client's self-report; and
- (h) Signed consent to treatment.

(3) A written treatment plan based on the assessment shall be completed for the client within forty-eight (48) hours of admission, revised as new information is received, and include:

- (a) Presenting problem;
- (b) Identification of a client problem;
- (c) Type of service to be provided including referrals;
- (d) Criteria for discharge;
- (e) Staff person primarily responsible for coordinating the client's care; and
- (f) Client's signature.

(4) A treatment plan protocol may be used in place of an individualized treatment plan. An exception to the protocol shall be documented in the client record.

(5) A progress note shall be recorded following the delivery of a professional service and include the service provided, an observation of the client's behavior and response to the service, and the client's progress toward meeting the goals and objectives of the treatment plan.

(6) An aftercare plan shall be developed with a client's participation and include a referral to alcohol and other drug abuse treatment or a community service which may include a self-help group, housing, medical, and social services needed by the client.

(7) A discharge summary shall be completed within thirty (30) calendar days of discharge and include:

- (a) Date of admission and discharge;
- (b) Presenting problem;
- (c) Summary of treatment and response to treatment; and
- (d) Referrals made to another organization or provider.

(8) The pulse and blood pressure of a client shall be monitored three (3) times daily and documented in the client record.

(9) A client shall receive counseling, education, and orientation to self-help groups specific to addiction recovery, as soon as the client is physically and mentally capable, with a primary focus on motivating a client to continue in treatment after discharge.

(10) A client shall be provided an opportunity to meet with a self-help group and other outside service providers as soon as the client is physically and mentally capable.

(11) There shall be written policies and procedures on the use of medication by a client which shall include:

- (a) Prescription and over-the-counter medication brought with a client shall be recorded in the cli-

ent's record upon admission;

(b) A policy on self-administration of an over-the-counter medication to include the identification of medication which requires physician approval prior to use by a client;

(c) A program without a physician on staff shall obtain written consent from a client, to verify with a physician that a prescription or an over-the-counter medication described in paragraph (b) of this subsection is not contraindicated with the treatment plan, and the verification shall be documented in the client record;

(d) Prescription and over-the-counter medication shall be stored in a locked, secure location inaccessible to a client;

(e) Medication shall be available to a client only at the time it is scheduled to be taken according to a prescription or as directed on the label; and

(f) Self-administration of prescription and over-the-counter medication shall be documented in the client record and include:

1. Name of the medication;
2. Date and time of self-administration;
3. Dosage and amount of medication; and
4. Name of the staff person who monitored the self-administration of the medication.

(12) Food services shall be provided according to the following:

(a) In accordance with 902 KAR 45:005. A copy of the food service permit shall be maintained on site; and

(b) There shall be documentation that meal planning is approved by a registered dietitian.

(13) A program shall be staffed twenty-four (24) hours a day, seven (7) days a week, and staff shall include:

(a) A program manager, supervisor or coordinator;

(b) At least two (2) staff per shift with one (1) trained in crisis intervention, cardiopulmonary resuscitation and standard first aid; and

(c) Sufficient staff to meet client needs twenty-four (24) hours a day based on the number of clients, the need for assistance by clients, and the type of services delivered. If there are multiple twenty-four (24) hour programs operated in the same facility, the staff of all programs may be used to meet the staffing requirements.

(14) Before working alone, a staff person shall be trained in:

(a) Monitoring the vital signs of pulse and blood pressure;

(b) Crisis intervention;

(c) Cardiopulmonary resuscitation and standard first aid conducted by a certified instructor;

(d) The recognition of problems associated with alcohol and other drug use, symptoms requiring referral for emergency care, degree of intoxication, stages of withdrawal, and the physical or mental complications that may occur at each stage;

(e) Techniques for motivating a client to continue in treatment after discharge;

(f) Local and state resources including the procedure for making a client referral; and

(g) Effects of alcohol and other drug use on a pregnant woman and her fetus including special detoxification needs during pregnancy, and recognition of when to refer a pregnant client for medical detoxification.

Section 12. Residential Treatment Programs. In addition to the requirements established in Sections 1 through 10 of this administrative regulation, the following requirements shall be met in residential programs.

(1) General residential.

(a) At intake, client identifying and demographic information, emergency contact person, and presenting problem shall be obtained from the client.

- (b) An assessment shall be completed on each client and include:
1. A psychosocial which shall include:
    - a. Presenting problem;
    - b. History and treatment of alcohol and other drug abuse;
    - c. Current living arrangement;
    - d. Family relationships;
    - e. Legal, employment, military, educational and vocational history;
    - f. Peer group relationships;
    - g. Religious background and practices;
    - h. History and treatment of behavioral health problem, developmental disability, or intellectual disability including emotional, physical and sexual abuse;
    - i. Ethnic and cultural background;
    - j. Leisure and recreational activities;
    - k. Client strengths and limitations; and
  - l. An evaluation of the client's alcohol and other drug abuse or dependency;
  2. A mental status screening;
  3. Completion of a physical health status questionnaire, which has been developed in consultation with a physician or a copy of the record of a physical health examination, which includes at least:
    - a. History of medical problems;
    - b. Client's self-report on current status of pregnancy, tuberculosis, hepatitis and human immunodeficiency virus;
    - c. Use of prescription and over-the-counter medication;
    - d. Allergies; and
    - e. Identification of a medical condition that may affect the client's participation in treatment; and
  4. A summary of the client's needs based on an analysis of all information from the client's assessment and which includes a recommended course of treatment.
- (c) A written individualized treatment plan based on the assessment shall be developed for each client with the client's participation within six (6) calendar days of admission and include:
1. An evaluation of the client's alcohol and other drug abuse or dependency;
  2. The client's problem;
  3. Goals, measurable objectives and criteria for discharge;
  4. Duration, frequency and type of service to be provided;
  5. Referrals;
  6. Staff person primarily responsible for developing the treatment plan; and
  7. The client's signature.
- (d) A treatment plan and a client's progress shall be reviewed by a clinical staff person and the client every two (2) weeks and be documented in the client's record.
- (e) Alcohol and other drug abuse counseling, including a focus on relapse prevention, shall be provided to each client. If provided in a group, there shall be a maximum of fifteen (15) clients per clinician.
- (f) Education shall be provided to each client on the effects of alcohol and other drug abuse, the disease and recovery from alcoholism and other drug dependency, consistent with the client's treatment plan.
- (g) Orientation to self-help groups specific to addiction recovery shall be provided to each client.
- (h) Organized recreational activities shall be:
1. Provided to each client under the direction of staff; and
  2. Part of the client's schedule.
- (i) A written aftercare plan shall:

1. Be developed for each client with the client's participation;
2. Be based on the client's needs at discharge; and
3. Include activities and referrals supporting recovery from alcohol and other drug abuse.

(j) A client shall have access to films, printed materials, and audio and video tapes related to the treatment of alcohol and other drug abuse.

(k) Information or education about alcohol and other drug dependency and recovery shall be made available to a client's family or significant other. If a service is requested, it shall be provided either directly or through referral to a qualified outside provider.

(l) A client shall receive forty (40) hours of structured activities weekly including alcohol and other drug abuse education; individual, group or family counseling; self-help group meetings and recreation. Ten (10) of the forty (40) hours of structured weekly activities shall be counseling services.

(m) A progress note which includes the service provided, an observation of a client's behavior and response to the service and a client's progress toward meeting the goals and objectives of the treatment plan shall be recorded after an individual counseling session, and weekly in a summary note if a client receives multiple services.

(n) A discharge summary shall be completed within thirty (30) calendar days of discharge and include the date of admission and discharge, presenting problem, an evaluation of the client's alcohol and other drug abuse or dependency, summary of treatment and response to treatment and referrals made to another organization or provider.

(o) A client shall be provided an opportunity to meet with a self-help group and other outside service providers.

(p) If a client performs work in a program, other than a personal care or housekeeping task, which is part of a therapeutic activity, the work shall be voluntary and consistent with the treatment plan.

(q) There shall be written policies and procedures on the use of medication by a client which shall include:

1. Prescription and over-the-counter medication brought with a client shall be recorded in the client's record upon admission;

2. A policy on self-administration of over-the-counter medication to include the identification of medication which requires physician approval prior to use by a client while in the program;

3. A program without a physician on staff shall obtain written consent from a client, to verify with a physician that a prescription or an over-the-counter medication described in subparagraph 2 of this paragraph is not contraindicated with the client's treatment plan, and the verification shall be documented in the client's record;

4. Prescription and over-the-counter medication shall be stored in a locked and secure location inaccessible to clients;

5. Medication shall be available to a client only at the time it is scheduled to be taken according to a prescription or as directed on the label; and

6. Self-administration of prescription and over-the-counter medication shall be documented in the client's record and include:

- a. Name of the medication;

- b. Date and time of self-administration;

- c. Dosage and amount of medication; and

- d. Name of the staff person who monitored the self-administration of the medication.

(r) Food services shall be provided according to the following:

1. In accordance with 902 KAR 45:005. A copy of the food service permit shall be maintained on site; and

2. There shall be documentation that meal planning is approved by a registered dietitian.

(s) A program shall be staffed twenty-four (24) hours a day, seven (7) days a week, and staff shall include:

1. A program manager, supervisor or coordinator;
2. Staffing capability to ensure that an appropriate staff person is responsible for managing a program in the absence of a program manager, supervisor or coordinator; and
3. Sufficient staff to meet client needs twenty-four (24) hours a day based on the number of clients, the need for assistance by clients, and the type of services delivered. If there are multiple twenty-four (24) hour programs operated in the same facility, the staff of all programs may be used to meet staffing requirements.

(t) There shall be at least one (1) staff person on duty at all times who has completed training in crisis intervention and standard first aid, which includes cardiopulmonary resuscitation and is conducted by a certified instructor.

(2) Family residential program. In addition to the requirements established in subsection (1) of this section, the following requirements shall be met for a family residential program.

(a) A client with a need identified in a treatment plan shall receive training on parenting.

(b) There shall be written policies on children to include:

1. Maximum number of children permitted to reside in the facility at one (1) time;
2. Age of children permitted to reside in the facility;
3. A client shall sign a statement outlining a client's responsibility for the client's children while in the facility to include:

a. A client shall have primary responsibility for ensuring that a child's needs are met regarding food, clothing, hygiene, safety, discipline, supervision and follow-up on a referral to a community resource for the children who reside with him in the facility;

b. A client shall make prior arrangements for the care of the client's children if leaving the facility without the client's children; and

c. A client shall identify, in writing, an emergency contact person, who will be responsible for the care of the client's children if leaving the facility;

4. Identification of community resources including education and child care;

5. Education about the effect on a family and children when a parent or a parent's partner abuses alcohol or other drugs; and

6. Organized recreational activities shall be provided under the direction of staff and posted on a schedule.

Section 13. Residential Transitional Living Program. In addition to the requirements established in Sections 1, 2, 3, 4, 5, 6, 7, 9 and 10 of this administrative regulation, the following requirements shall be met in a residential transitional living program.

(1) General requirements.

(a) At intake, client identifying and demographic information, emergency contact person, and presenting problem shall be obtained from the client.

(b) A physical health status questionnaire, which has been developed in consultation with a physician, or a copy of the record of a physical health examination, shall be completed for each client and include at least:

1. History of medical problems;
  2. Client's self-report on current status of pregnancy, tuberculosis, hepatitis and human immunodeficiency virus;
  3. Use of prescription and over-the-counter medication;
  4. Allergies; and
  5. Identification of a medical condition that may affect a client's participation in treatment.
- (c) A written aftercare plan shall:



1. Be developed for each client with the client's participation;

2. Be based on the client's needs at discharge; and

3. Include activities and referrals supporting recovery from alcohol and other drug abuse.

(d) Orientation to self-help groups specific to addiction recovery shall be provided to each client.

(e) A client shall be provided an opportunity to meet with a self-help group and other outside service providers.

(f) An AODE shall have a policy requiring that if a client performs work in the program, other than a personal care or housekeeping task, which is part of a therapeutic activity, the work shall be voluntary and consistent with the treatment plan.

(g) There shall be written policies and procedures on the use of medication by a client which shall include:

1. Prescription and over-the-counter medication brought with a client shall be recorded in the client's record upon admission;

2. A policy on self-administration of over-the-counter medication to include the identification of medication which requires physician approval prior to use by a client while in the program;

3. A program without a physician on staff shall obtain written consent from a client, to verify with a physician that a prescription or an over-the-counter medication described in subparagraph 2 of this paragraph is not contraindicated with the client's treatment plan and the verification shall be documented in the client's record;

4. Prescription and over-the-counter medication shall be stored in a locked and secure location inaccessible to clients;

5. Medication shall be available to a client only at the time it is scheduled to be taken according to a prescription or as directed on the label; and

6. Self-administration of prescription and over-the-counter medication shall be documented in the client's record and include:

a. Name of the medication;

b. Date and time of self-administration;

c. Dosage and amount of medication; and

d. Name of the staff person who monitored the self-administration of the medication.

(h) Food services shall be provided according to the following:

1. In accordance with 902 KAR 45:005;

2. A copy of the food service permit shall be maintained on-site; and

3. There shall be documentation that meal planning is approved by a registered dietician.

(2) Residential transitional living program where counseling services are provided on-site. In addition to the requirements established in subsection (1) of this section, the following requirements shall be met:

(a) An assessment shall be completed on each client and include:

1. A psychosocial which shall include:

a. Presenting problem;

b. History and treatment of alcohol and other drug abuse;

c. Current living arrangement;

d. Family relationships;

e. Legal, employment, military, educational, and vocational history;

f. Peer group relationships;

g. Religious background and practices;

h. History and treatment of mental retardation, a developmental disability or a mental health problem including emotional, physical and sexual abuse;

i. Ethnic and cultural background;

j. Leisure and recreational activities;

- k. Client strengths and limitations; and
- l. An evaluation of the client's alcohol and other drug abuse or dependency;
- 2. A mental status screening; and
- 3. A summary of a client's needs based on an analysis of all information from the client's assessment and which includes a recommended course of treatment.

(b) A written individualized treatment plan based on the assessment shall be developed for each client with the client's participation within seven (7) calendar days of admission and include:

- 1. An evaluation of the client's alcohol and other drug abuse or dependency;
- 2. The client's problem;
- 3. Goals, measurable objectives and criteria for discharge;
- 4. Duration, frequency and type of service to be provided;
- 5. Referrals;
- 6. Staff person primarily responsible for developing the treatment plan; and
- 7. The client's signature.

(c) A treatment plan and a client's progress shall be reviewed by a clinical staff person and the client monthly and be documented in the client's record.

(d) Alcohol and other drug abuse counseling, including a focus on relapse prevention, shall be provided to each client. If provided in a group there shall be a maximum of fifteen (15) clients per clinician.

(e) A progress note which includes the service provided, an observation of a client's behavior and response to the service, and a client's progress toward meeting the goals and objectives of the treatment plan shall be recorded after an individual counseling session, and weekly in a summary note if a client receives multiple services.

(f) There shall be documentation in a client's record that the client is:

- 1. Employed;
- 2. Pursuing employment;
- 3. Participating in vocational education, training or rehabilitation; or
- 4. Receiving a disability benefit.

(g) A discharge summary shall be completed within thirty (30) calendar days of discharge and include:

- 1. The date of admission and discharge;
- 2. Presenting problem;
- 3. An evaluation of the client's alcohol and other drug abuse or dependency;
- 4. Summary of the client's progress in relation to the treatment plan; and
- 5. Referrals made to another organization or provider.

(h) A program shall meet the staffing requirements established in Section 8 of this administrative regulation, be staffed twenty-four (24) hours a day, seven (7) days a week, and include:

- 1. A program manager, supervisor or coordinator;
- 2. Staffing capability to ensure that an appropriate staff person is responsible for managing a program in the absence of a program manager, supervisor or coordinator; and
- 3. Sufficient staff to meet client needs twenty-four (24) hours a day based on the number of clients, the need for assistance by clients, and the type of services delivered. If there are multiple twenty-four (24) hour programs operated in the same facility, the staff of all programs may be used to meet staffing requirements.

(i) There shall be at least one (1) staff person on duty at all times who has completed training in crisis intervention and standard first aid, which includes cardiopulmonary resuscitation conducted by a certified instructor.

(3) Residential transitional living program where counseling services are not provided on-site. In addition to the requirements established in subsection (1) of this section, the following require-

ments shall be met.

(a) At admission, an evaluation of the need for each of the following shall be completed for each client:

1. Alcohol and other drug abuse services;
2. Employment services;
3. Vocational education, training or rehabilitation services;
4. Disability services;
5. Other health and human services; and
6. Assistance in developing daily living skills.

(b) A written individualized treatment plan based on the evaluation of a client's needs shall be developed for each client with the client's participation within seven (7) calendar days of admission, documented in the client's record and include the following:

1. A client's problem;
2. Goals, measurable objectives and criteria for discharge;
3. Duration, frequency and type of service to be provided;
4. Referrals;
5. Staff person primarily responsible for developing the treatment plan; and
6. The client's signature.

(c) A treatment plan and a client's progress shall be reviewed by a caseworker and the client monthly and be documented in the client's record.

(d) Training in daily living and relapse prevention skills shall be provided to each client.

(e) A progress note shall be recorded weekly in a summary note documenting the client's progress in:

1. Employment;
2. Pursuing employment;
3. Participation in vocational education, training or rehabilitation;
4. Participation in self-help groups;
5. Training in daily living and relapse prevention skills; and
6. Following through on referrals to needed services.

(f) A discharge summary shall be completed within thirty (30) calendar days of discharge and include:

1. Date of admission and discharge;
2. Presenting problem;
3. Summary of the client's progress in relation to the treatment plan; and
4. Referrals made to another organization or provider.

(g) A program shall meet the following staffing requirements.

1. A program manager shall be responsible for the day-to-day management of the program, supervising and documenting supervision of caseworkers and for the implementation and monitoring of program policies and procedures.

2. A program manager may be responsible for more than one (1) facility.

3. A program manager shall:

a. Meet the requirements of a clinical services supervisor in accordance with Section 8(2)(a)1 or 2 of this administrative regulation; or

b. Have a bachelors degree from an accredited college or university, plus 4000 hours of work experience in social services and eighty (80) hours of alcohol and other drug abuse training, within four (4) years immediately prior to the date of assuming responsibility as a program manager or within two (2) years immediately after assuming responsibility as a program manager.

4. A caseworker shall be responsible for:

a. Developing a client's treatment plan;

- b. Monitoring a client's progress in relation to the treatment plan;
  - c. Conducting a client's training on daily living skills and relapse prevention skills; and
  - d. Making referrals.
5. A caseworker shall:
- a. Be a certified alcohol and drug counselor certified pursuant to KRS 309.080 to 309.089;
  - b. Have a bachelors degree from an accredited college or university and forty (40) hours of alcohol and other drug abuse training within four (4) years immediately prior to the date of assuming responsibility as a caseworker or within one (1) year of employment in this position or within one (1) year from the effective date of this administrative regulation whichever is later; or
  - c. Have an associate degree from an accredited college or university, or be an individual without a degree with at least three (3) years of recovery from alcohol or other drug abuse, plus have the following:
    - (i) Forty (40) hours of alcohol and other drug abuse training within four (4) years immediately prior to the date of assuming responsibility as a caseworker or within one (1) year of employment in this position or within one (1) year from the effective date of this administrative regulation whichever is later;
    - (ii) Four (4) hours of face-to-face supervision per month; and
    - (iii) Treatment plans cosigned by the program manager.
6. There shall be sufficient staff to ensure that an appropriate staff person is responsible for managing a program in the absence of the program manager.
7. There shall be sufficient staff to meet client needs based on the number of clients and the need for assistance by clients. If there are multiple twenty-four (24) hour programs operated in the same facility, the staff of all programs may be used to meet staffing requirements.
8. At least one (1) staff person on duty shall have completed training in crisis intervention and standard first aid, which includes cardiopulmonary resuscitation conducted by a certified instructor.
9. Staff training requirements shall include:
- a. A program manager shall complete a minimum of twenty (20) hours of alcohol and other drug abuse related training annually; and
  - b. A caseworker shall complete a minimum of ten (10) hours of alcohol and other drug abuse related training annually.

Section 14. Outpatient Program. In addition to the requirements established in Sections 1 through 10 of this administrative regulation, the following requirements shall be met in an outpatient program.

- (1) At intake, client identifying and demographic information, emergency contact person, and presenting problem shall be obtained from a client.
- (2) An assessment shall be completed on each client and include:
  - (a) A psychosocial which shall include:
    - 1. Presenting problem;
    - 2. History and treatment of alcohol and other drug abuse;
    - 3. Current living arrangement;
    - 4. Family relationships;
    - 5. Legal, employment, military, educational and vocational history;
    - 6. Peer group relationships;
    - 7. Religious background and practices;
    - 8. History and treatment of behavioral health problem, developmental disability, or a mental health problem or a mental health problem including emotional, physical and sexual abuse;
    - 9. Ethnic and cultural background;

10. Leisure and recreational activities;
  11. Client strengths and limitations; and
  12. An evaluation of the client's alcohol and other drug abuse or dependency;
- (b) A mental status screening;
- (c) Completion of a physical health status questionnaire, which has been developed in consultation with a physician or a copy of the record of a physical health examination which includes at least:
1. History of medical problems;
  2. Client's self-report on current status of pregnancy, tuberculosis, hepatitis and human immunodeficiency virus;
  3. Use of prescription and over-the-counter medication;
  4. Allergies; and
  5. Identification of a medical condition that may affect a client's participation in treatment; and
- (d) A summary of a client's needs based on an analysis of all information from the client's assessment and which includes a recommended course of treatment.
- (3) A written individualized treatment plan based on the assessment shall be developed for each client with the client's participation before the fourth client session and include:
- (a) An evaluation of the client's alcohol and other drug abuse or dependency;
  - (b) The client's problem;
  - (c) Goals, measurable objectives and criteria for discharge;
  - (d) Duration, frequency and type of service to be provided;
  - (e) Referrals;
  - (f) Staff person primarily responsible for developing the treatment plan; and
  - (g) The client's signature.
- (4) A treatment plan and a client's progress shall be reviewed by a clinical staff person and the client every six (6) months and be documented in the client's record.
- (5) Alcohol and other drug abuse counseling, including a focus on relapse prevention, shall be provided to each client. If provided in a group there shall be a maximum of fifteen (15) clients per clinician.
- (6) Education shall be provided to each client on the effects of alcohol and other drug abuse, the disease and recovery from alcohol and other drug dependency, consistent with the client's treatment plan.
- (7) A referral to self-help groups specific to addiction recovery shall be provided to each client.
- (8) A written aftercare plan shall:
- (a) Be developed for each client with the client's participation;
  - (b) Be based on a client's needs at discharge; and
  - (c) Include activities and referrals supporting recovery from alcohol and other drug abuse.
- (9) A progress note shall be recorded following each client contact. If the contact is the delivery of a professional service, an observation of the client's behavior and response to the service and the client's progress toward meeting the goals and objectives of the treatment plan shall be recorded.
- (10) A discharge summary shall be completed within thirty (30) calendar days of discharge and include:
- (a) The date of admission and discharge;
  - (b) Presenting problem;
  - (c) An evaluation of the client's alcohol and other drug abuse or dependency;
  - (d) Summary of treatment and response to treatment; and
  - (e) Referrals made to another organization or provider.
- (11) A program shall have a procedure for informing clients of the availability of emergency ser-

vices after a program's normal hours of operation.

(12) Staff shall include:

(a) A program manager, supervisor or coordinator; and  
(b) Sufficient staff to meet client needs based on the number of clients, the need for assistance by clients, and the type of services delivered.

(13) If narcotic maintenance is provided, it shall be provided in accordance with 908 KAR 1:340.

Section 15. Intensive Outpatient Program. In addition to the requirements established in Sections 1 through 10 and 14(1), (2), (5), (6), (7), (8), (10), (11), and (12) of this administrative regulation, the following requirements shall be met for an intensive outpatient program.

(1) A client shall receive a variety of structured comprehensive individual and group therapeutic activities for a minimum of six (6) hours over a period of two (2) or more days weekly.

(2) A written individualized treatment plan based on the assessment shall be developed for each client with the client's participation before the client's fourth session and include:

- (a) An evaluation of the client's alcohol and other drug abuse or dependency;
- (b) The client's problem;
- (c) Goals, measurable objectives and criteria for discharge;
- (d) Duration, frequency and type of service to be provided;
- (e) Referrals;
- (f) Staff person primarily responsible for developing the treatment plan; and
- (g) The client's signature.

(3) A treatment plan and a client's progress shall be reviewed by a clinical staff person and the client monthly and be documented in the client's record.

(4) Information or education about alcohol and other drug dependency and recovery shall be made available to a client's family or significant other. If a service is requested, it shall be provided either directly or through referral to a qualified outside provider.

(5) An AODE shall have a policy requiring that a schedule of all planned therapeutic activities shall be given to each client or conspicuously posted in the facility.

(6) A progress note which includes the service provided, the length of the session, an observation of the client's behavior and response to the service, and the client's progress toward meeting the goals and objectives of the client's treatment plan shall be recorded after an individual counseling session, and weekly in a summary note if the client receives multiple services.

(7) If a client receives services for at least five (5) consecutive hours daily, food services shall be provided either:

(a) Directly by the program according to the following:

1. In accordance with 902 KAR 45:005. A copy of the food service permit shall be maintained on site; and

2. There shall be documentation that meal planning is approved by a registered dietitian; or

(b) By allowing the client adequate time to eat food obtained outside the facility.

Section 16. Incorporation by Reference. (1) The following material is incorporated by reference:

(a) Application for Licensure to Operate an Alcohol or Drug Treatment Entity (AODE), 11-99; and

(b) Form L&R 18, Statement of Deficiencies and Plan of Correction, 11-99.

(2) This material may be inspected, copied, or obtained at the Office of Inspector General,, Cabinet for Health and Family Services, 275 East Main Street, Frankfort, Kentucky 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (24 Ky.R. 2485; Am. 25 Ky.R. 355; 26 Ky.R. 1826; eff. 4-12-2000; TAm eff. 4-27-2016.)